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| | MAR-09-2006 T | THU 03:25 PM CAN | TOR COLBURI | N LLP | FAX NO. | 8602860115 | P. 02 | |
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| • | PART B - FEE(S) TRANSMITTAL | | | | | | | |
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| | | | | or Fax | (571) 273-2885 | quiend). Blocks 1 through 5 s | hould be completed when | |
| | manufactures, ice manicanos | 11. | | lers and notification specifying a new | | quired). Blacks 1 through 5 s will be mailed to the current ss; and/or (b) indicating a sepa | | |
| | | 1' ATROR) 58 (Note: Use Black) for a 90 12/13/2005 | ny chango of whitersa) | | Note: A certificate Fee(s) Transmittal.' popers. Fach additionave its own certificate. | of mailing can only be used to This ceruficate cannot be used to enal paper, such as an assignment one of mailing or transmission. | or domestic mailings of the for any other accompanying ant or formal drawing, must | |
| 0244042 | CANTOR COLB 55 GRIFFIN ROAT BLOOMFIELD, C | D SOUTH T 06002 | | | I hereby certify that States Postal Service addressed to the Management of the Management of the U | Certificate of Muiling or Truns this Fee(s) Tronsmittal is bein e with sufficient postage for fir full Stop ISSUE FIE address SPTO (571) 273-2885, on the c | anission g deposited with the United st class mail in an envelope above, or being facsimile date indicated below. | |
| Varricia DiGregorio (0g | | | | | | | (Depositure nume) | |
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| | 10/01,946 03/07/2002 | | Laurent Laura | | ay | 14XZ00152 | 7091 | |
| | TITLE OF INVENTIONS. 111211-10141. | | FOR PROCESSE | NG VASCULAR | RADIOGRAPHIC IN | MAGES WHICH HAVE THE | N RECONSTRUCTED BY | |
| | APPLN TYPE | SMALL ENTITY | ISSUET | 11(| PUBLICATION FEE | TOTAL FEE(S) DUE | DATEDUE | |
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| | Change of corespondence address or indication of "Fee Address" (37 CLR 1.363) Change of correspondence address (or Change of Correspondence Address form PTC/SB/1.22) attached. XX true Address indication for "Fee Address" indication form. | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent, attorneys or agents. If no name is | | | | |
| | X3 "Fee Address" indication (or "Fee Address" Indication form P (OrSIP47; Rev 03-02) or more record attached. Use of a Custo Number is required. | | | 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | |
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| | PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for reactifultion as set finth in 37 CPR 3.41. Completion of this form is NOT a substitute for filing on assignment. | | | | | | | |
| | (A) NAME OF ASSIGNLE (II) | | | | RESIDENCE: (CITY and STATE OR COUNTRY) | | | |
| | | ystems Global Company LLC | | Waukesha | , Wisconsin | | | |
| | | | | 1 | A. L'Interdication IX | Companion or other private of | | |

| GE Medical Systems Global | Waukesha, Wisconsin | | | | |
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| Technology Company LLC | | | | | |
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| XX tasing Fee | (1) A check in the amount of the fee(s) is enclosed. | | | | |
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Date March 9, 2006

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35,101 Registration No.

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